

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 09971812 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

1/17/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			3			
4			1			
5			1			
6			<u>2</u>			
7			<u>2</u>			
8			3			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
19			<u>2</u>			
20			1			
21			1			
22			1			
23			2			
24			1			
25			<u>2</u>			
26			<u>2</u>			
27			<u>2</u>			
28			1			
29			1			
30			1			
31			1			
32			2			
33			1			
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49						
50						
TOTAL IND.			6			
TOTAL DEP.			31			
TOTAL CLAIMS			37			

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL DEP.						
TOTAL CLAIMS						